



Motorcycling Western Australia  
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Permit No: \_\_\_\_\_

## **INJURY REPORT**

**Date    Promoter    Meeting Name    Venue**

**STEWARD OF MEETING TO SMS all major injuries to 0400 476 686 before 8am next business day after event.**

**In an event of a death please contact the local police, and  
the Executive Director of MWA Rick Gill on 0408 931 079 immediately**

**NAME OF INJURED** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**MA LICENCE** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

Please circle

Rider Pit Crew Official Volunteer Spectator Other

**EVENT/TIME** \_\_\_\_\_

**LOCATION** (Position on Track - Closest Flag Point or Jump etc)

**Summarise accident and injuries**

**Update on condition (if known):**

**THIS DOCUMENT MUST BE ATTACHED TO THE EVENT REPORT & DELIVERED TO MWA NO MORE THAN 5 DAYS AFTER THE EVENT.**

**NATURE OF INJURY**

Hands / Arms     R     L  
 Feet / Legs       R     L  
 Head                       Chest  
 Abdomen  
 Other \_\_\_\_\_

**Medical Certificate required**

- Suspected Concussion/Spinal
- Suspected Fracture
- Suspected Dislocation
- Suspected Internal
- Ambulance to Hospital
- Own Transport to Hospital
- Refused Transport to Hospital

**Medical Certificate not required**

- First Aid only

First Aid Officer/Provider (name)

**NAME OF INJURED** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**MA LICENCE** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

Please circle

Rider Pit Crew Official Volunteer Spectator Other

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Stewards Name \_\_\_\_\_

Signature \_\_\_\_\_

Contact Phone Number \_\_\_\_\_